

Michigan Department of Community Health
Board of Chiropractic
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

CHIROPRACTIC LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Chiropractic. Questions regarding your application can be directed to the Michigan Board of Chiropractic at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

CHIROPRACTOR BY EXAMINATION:

1. Completed the application and return it to the Board of Chiropractic with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. Arrange for your approved chiropractic school to forward a final, official transcript directly to this office. The transcript must show the degree earned and date conferred.
3. Contact the National Board of Chiropractic Examiners (NBCE) to arrange for the results of Parts I, II, and III of the examination to be forwarded directly to this office. Contact the NBCE at 901 54th Avenue, Greeley, CO 80634 or (970) 356-9100 or on their website at www.nbce.org.

CHIROPRACTOR BY ENDORSEMENT:

(you must be currently licensed in another state and you must have been licensed for at least 5 years.)

1. Completed the application and return it to the Board of Chiropractic with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. Complete part I of the enclosed Certification of Licensure by Endorsement form. Forward the form to the state from which you are endorsing. You may wish to check with the other state(s) as a fee is usually charged for this service.
3. Send the enclosed Verification of Licensure or Registration form to any other state where you are currently or have ever held a permanent chiropractic license, the form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly from the state(s) where you have been licensed. Do not send this form to the state from which you are endorsing.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Chiropractic in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Chiropractic in writing to request a refund.
3. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS, SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.

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www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE AS A CHIROPRACTOR

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

Board Use Only

I AM APPLYING FOR THE FOLLOWING:

License Number

Date of Licensure

☐ License by Examination Fee: \$120.00 71-2301-01

☐ License by Endorsement Fee: \$120.00 71-2301-09
(must currently be licensed in another state and licensed for at least 5 years)

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number ()
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Permanent I.D. Number and Expiration Date:

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No
9. Do you hold or have you ever held a chiropractic license in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ Yes ☐ No

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

10. Have you taken the National Boards? ☐ Yes ☐ No
- If "Yes", give the date of examination for Part I _____ Part II _____ Part III _____
- IF YOU ARE APPLYING FOR LICENSURE BY EXAMINATION, YOU MUST HAVE OFFICIAL SCORES SUBMITTED TO THE MICHIGAN BOARD BY THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS.

Provide a complete chronological record of your chiropractic education. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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CERTIFICATION FOR LICENSURE BY ENDORSEMENT

Authority: Public Act 368 of 1978, as amended
if this form is not completed, a license will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to the state licensing agency for completion of Section II. This certification must be submitted directly to the Michigan Board of Chiropractic by the state licensing agency where you are currently licensed.

First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	

Professional School Attended		
Street Address		
City	State	ZIP Code

Signature of Applicant	Date
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Applicant: Upon completion of Section I, send this form to the licensing agency in the state from which you are endorsing for completion of Section II.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

THIS SIDE TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE FROM WHICH THE APPLICANT IS ENDORSING

SECTION II - CERTIFICATION OF LICENSURE

Please complete the following noting any exceptions to the information requested. Return this completed certification directly to the Michigan Board of Chiropractic at the address shown on Page 1 of this form.

Applicant's Name as Licensed	
License Number	Date Issued
License Status	Expiration Date
<div style="display: flex; justify-content: space-between;"> <div> <p>1. Has the applicant incurred any disciplinary proceedings in your state? (Please attach certified copies of any actions.)</p> <p>2. Are disciplinary proceedings pending?</p> <p>3. Has the applicant's license ever been limited, denied, surrendered, suspended or revoked? (Please attach certified copies of any actions.)</p> </div> <div style="text-align: right;"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div>	

LICENSURE REQUIREMENTS:

Licensure requirements in effect at the time applicant was licensed in your state:	
<input type="checkbox"/> Degree	
<input type="checkbox"/> Accredited School	
<input type="checkbox"/> National Board Exams - Required Parts of National Board Exams: _____	
<input type="checkbox"/> State Constructed Licensure Exam - Please complete the information on page 3. _____	Dates of Examination
<input type="checkbox"/> Other: Please Specify: _____	

Name

WRITTEN/COMPREHENSIVE STATE CONSTRUCTED EXAMINATION:

EXAMINATION SUBJECT	TOTAL POSSIBLE POINTS	APPLICANT'S SCORE	EXAMINATION SUBJECT	TOTAL POSSIBLE POINTS	APPLICANT'S SCORE

CLINICAL EXAMINATION - STATE CONSTRUCTED:

EXAMINATION SUBJECT	TOTAL POSSIBLE POINTS	APPLICANT'S SCORE	EXAMINATION SUBJECT	TOTAL POSSIBLE POINTS	APPLICANT'S SCORE

What was the passing score that was in effect at the time the above examination was taken?

Please describe the criteria used to determine the passing level: _____

CERTIFICATION

Authorized Signature _____

Date of Signature _____

Print or Type Name _____

Title _____

State Board _____

S E A L

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board